# GIFFONI MACEDNIA YOUTH FILM FESTIVAL

# Participant Consent Form

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| **Participant Information:** |  |
| Name and surname: |  |
| Address: |  |
| Phone Number: |  |
| Email: |  |

**Consent Statement:** I, the undersigned, confirm that I have read and understood the Code of Conduct and Safeguarding Policy of the Giffoni Macedonia Youth Film Festival organized by Association for Media Literacy Planet-M Skopje. I agree to participate in the program and adhere to all guidelines and procedures set forth to ensure a safe and respectful environment for all participants. I understand the importance of safeguarding practices and commit to reporting any concerns or incidents that may compromise the safety or well-being of any participant. I acknowledge that any inappropriate behavior or violation of the Code of Conduct may result in disciplinary action.

**Medical Information:** Please list any medical conditions, allergies, or special needs that the program staff should be aware of:

**Photography and Media Consent:** I give my consent for photographs, videos, and other media recordings to be taken of me during the program’s activities. I understand that these may be used for promotional purposes, including but not limited to social media, websites, and print materials. I waive any rights to royalties or other compensation arising from or related to the use of these images or recordings.

**Privacy and Data Protection:**

I consent to the collection, use, and storage of my personal data as outlined in the program’s privacy policy. I understand that this information will be used solely for the purpose of managing my participation in the program and will be kept confidential and secure.

Participant’s Signature: Date: